Delbert Hosemann SECRETARY OF STATE

obligations

REPORT OF RECEIPTS AND DISBURSEMENTS

- 7 2010 Name of Committee Friends of Judge Tr ELECTIONS DIVISION SECRETARY OF STATE DYATTE STITALINE Check here if above is different from previous report TYPE OF REPORT July 9, 2010 Periodic Report (June 1, 2010, through June 30, 2010). Mandatory October 26, 2010 Pre-Election Report (October 1, 2010, through October 23, 2010).......Mandatory November 16, 2010 Pre-Runoff Report (October 24, 2010, through November 13, 2010).......Runoff Candidates

IMPORTANT

January 10, 2011 Periodic Report (October 1, 2010, through December 31, 2010).......Mandatory Termination Report (Candidate will no longer accept contributions or make campaign Required to terminate reporting

Pre-Election reports are mandatory, even if no contributions or expenditures have occurred. In such case, the candidate shall submit a report indicating "0" (Zero) for total amount of reported contributions and expenditures during this period.

expenditures and has no outstanding campaign debt obligation)

- Until a Candidate files a Termination Report, annual and periodic reports must still be filed in accordance with Miss. Code Ann. § 23-15-807 (b) (ii) and (iii).
- The receiving authority must be in actual receipt of the required reports by 5:00 p.m. on the reporting day. If the deadline falls on a weekend or a holiday, the office must be in actual receipt of the required reports by 5:00 p.m. on the first working day before the deadline. Faxed reports are acceptable.

REPORTED CONTRIBUTIONS AND DISRUPSEMENTS

Itemized + Non-itemized =	This Period	Calendar Year-To-Date
Total amount of contributions \$15350 +\$ 5325	\$ 20,675	\$ 20,675
Total amount of disbursements \$\366.85 +\$ 50.000	\$ 1416.85	\$ 1416.85
Total amount of cash on hand	\$ 19,258.15	
I certify that I have examined this report and to the best of my Signature of Director or Treasurer	knowledge and belief it is a 5/7/	true, accurate, and complete // ɔ

Authority: Refer to Miss. Code Ann. §23-15-801 (1972) et. seq. for statutory requirements.

Penalties: Failure to submit required reports, or failure to submit reports in accordance with statutory deadlines, or failure to submit valid reports shall result in fines of \$50 per day and/or prosecution in accordance with Miss. Code Ann. §§ 23-15-811 and 813 (1972).

SEND TO: 1. Candidates for Statewide, State district, mutli-county and all legislative offices should return form to Secretary of State, Elections Division, P. O. Box 136, Jackson, MS 39205 or fax to 601-359-1499 or 601-576-2819.

2. Candidates for countywide and county district offices should return forms to their county Circuit Clerk.

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Friends of Judge Malcolm Harrison

Reporting period

January 1, 2010 through

April 30, 2010

A. Source: □ Corporation □ PAC	□ Individual □ Loan	Date	Amount of each receipt
☐ Other (please specify)		(Mo., Day, Year)	this period
Full name	R. Anderson	03/30/10	\$250.00
Mailing Address	P. O. Box 290		
City, State, Zîp Code	Jackson, MS 39205		
Name of Employer (Required)			
Occupation (Required)	Attorney	Aggregated year-to-date	\$250.00
B. Source: ☐ Corporation ☐ PAC ☐ Other (please specify)	□ Individual □ Loan	Date (Mo., Day, Year)	Amount of each receipt this period
Full name	F. Banks	03/25/10	\$250.00
Mailing Address	976 Metairie Road		
City, State, Zip Code	Jackson, MS 39209		
Name of Employer (Required)	Phelps Dunbar		
Occupation (Required)	Attomey	Aggregated year-to-date	\$250.00
C. Source: Corporation PAC Other (please specify)	□ Individua! □ Loan	Date (Mo., Day, Year)	Amount of each receipt this period
Full name	R. Barnett	03/25/10	\$200.00
Mailing Address	501 South State Street		
City, State, Zip Code	Jackson, MS 39201		
Name of Employer (Required)	Self		
Occupation (Required)	Attorney	Aggregated year-to-date	\$200.00
D. Source: Corporation PAC Other (please specify)	□ Individual □ Loan	Date (Mo., Day, Year)	Amount of each receipt
full name	E. Brunini	03/25/10	\$200.00
lailing Address	P. O. Box 19		
City, State, Zip Code	Jackson, MS 39205		
Name of Employer (Required)	Brunini Grantham Grower & Hewes		
Occupation (Required)	Attorney	Aggregated year-to-date	\$200.00

Friends of Judge Malcolm Harrison

Reporting period

January 1, 2010 through

April 30, 2010

A. Source: Corporation PAC	□ Individual □ Loan	Date	Amount of each receipt
☐ Other (please specify)		(Mo., Day, Year)	this period
	L. Harrison	03/16/10	\$1,000.00
Mailing Address	3908 The Alameda		
City, State, Zip Code	Baltimore, MD 21218		
Name of Employer (Required)	Retired		
Occupation (Required)		Aggregated year-to-date	\$1,000.00
B. Source: □ Corporation □ PAC □ Other (please specify)	🗆 Individual 🗆 Loan	Date (Mo., Day, Year)	Amount of each receipt
Full name	Mr & Mrs. J. Haynes	03/23/10	\$250.00
Mailing Address	634 Sheringham Court		
City, State, Zip Code	Ridgeland, MS 39157		
Name of Employer (Required)	Retired		
Occupation (Required)		Aggregated year-to-date	\$250.00
C. Source: Corporation PAC Other (please specify)	□ Individual □ Loan	Date (Mu., Day, Year)	Amount of each receipt
Full name	L. Horton	03/25/10	\$200.00
Mailing Address	6251 Amblewood Drive		
City, State, Zip Code	Jackson, MS 39213		
Name of Employer (Required)	City of Jackson		
Occupation (Required)	Law Enforcement	Aggregated year-to-date	\$200.00
D. Source: Corporation PAC Other (please specify)	□ Indivídual □ Loan	Date (Mo., Day, Year)	Amount of each receipt
full πame	Rev. & Mrs. H. Johnson	03/25/10	\$350.00
failing Address	1035 Devonshire Drive		
lity, State, Zip Code	Jackson, MS 39206		
ame of Employer (Required)	Farish Street Church		
Occupation (Required)	Minister	Aggregated year-to-date	\$350.00

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Name of Candidate or Committee

Friends of Judge Malcolm Harrison

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A. Source: Corporation PAC Individual Loan Other (please specify)	Date (Mo., Day, Year)	Amount of each receip
Full name L. Jones, Jr	03/25/10	\$200.00
Mailing Address 135 Newburg Place		\$200.00
City, State, Zip Code Jackson, MS 39206		
Name of Employer (Required) Retired		!
Occupation (Required)	Aggregated year-to-date	\$200.00
B. Source: Corporation PAC Individual Loan Other (please specify)	Date (Mo., Day, Year)	Amount of each receipt
Full name Langston & Langston	03/22/10	\$500.00
Mailing Address 201 North President		
City, State, Zip Code Jackson, MS 39201		
Name of Employer (Required)		
Occupation (Required)	Aggregated year-to-date	\$500.00
C. Source: Corporation PAC Individual Loan Other (please specify)	Date (Mo., Day, Year)	Amount of each receipt
Full name B. Mallett	03/25/10	\$250.00
Mailing Address P. O. Box 3422		
City, State, Zip Code Jackson, MS 39207		
Name of Employer (Required)		
Occupation (Required)	Aggregated year-to-date	\$250.00
D. Source: Corporation PAC Individual Loan Other (please specify)	Date (Mo., Day, Year)	Amount of each receipt this period
Full name B. Robinson	03/16/10	\$1,000.00
Mailing Address 49 Eastbrooke Street		
City, State, Zip Code Jackson, MS 39216		
Name of Employer (Required) Retired		
Occupation (Required)	Aggregated year-to-date	\$1,000.00

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Name of Candidate or Committee

Friends of Judge Malcolm Harrison

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January 1, 2010 through

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A. Source: ☐ Corporation ☐ PAC ☐ Other (please specify)	□ Individual □ Loan	Date	Amount of each receipt
Full name	escoules are .	(Mo., Day, Year)	this period
	R. Smith, MD	03/25/10	\$200.00
Mailing Address	1134 Winter Street		
City, State, Zip Code	Jackson, MS 39204		
Name of Employer (Required)	Self		
Occupation (Required)	Physician	Aggregated year-to-date	\$200.00
B. Source: Corporation PAC Other (please specify)	□ Individual □ Loan	Date (Mo., Day, Year)	Amount of each receipt
Full name	D. Sweet	03/22/10	\$500.00
Mailing Address	P. O. Box 1178		
City, State, Zip Code	Jackson, MS 39215		
Name of Employer (Required)	Self		
Occupation (Required)	Attorney	Aggregated year-to-date	\$500.00
C. Source: Corporation PAC Corporation PAC Corporation PAC	□ Individual □ Loan	Date (Mo., Day, Year)	Amount of each receipt
Full name	Joe & Gwennetta Tatum	03/25/10	\$500.00
Mailing Address	6 Wigeon Lane		
City, State, Zip Code	Raymond, MS 39154		
Name of Employer (Required)	Self		
Occupation (Required)	Attorney	Aggregated year-to-date	\$500.00
D. Source: Corporation PAC Other (please specify)	□ Individual □ Loan	Date (Mo., Day, Year)	Amount of each receipt
Full name	George & Mary Terry	03/25/10	\$200.00
Mailing Address	1127 Avon Way		
City, State, Zip Code	Jackson, MS 39206		
Name of Employer (Required)	Retired		
Occupation (Required)	- CO TAN VIII	Aggregated year-to-date	\$200.00

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Friends of Judge Malcolm Harrison

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A. Source: □ Corporation □ PAC	□ Individual □ Loan	Date	Amount of each receipt
Other (please specify) Full name		(Mo., Day, Year)	this period
	P. Thomas	03/16/10	\$500.00
Mailing Address	P. O. Box 24464		
City, State, Zip Code	Jackson, MS 39225		
Name of Employer (Required)	Self		
Occupation (Required)	Attorney	Aggregated year-to-date	\$500.00
B. Source: ☐ Corporation ☐ PAC ☐ Other (please specify)	🗅 Individual 🗆 Loan	Date (Mo., Day, Year)	Amount of each receipt
Full name	J. Walker	03/25/10	\$500.00
Mailing Address	P. O. Box 22849		
City, State, Zip Code	Jackson, MS 39225		
Name of Employer (Required)	Walker Group		
Occupation (Required)	Attorney	Aggregated year-to-date	\$500.00
C. Source: Corporation PAC Other (please specify)	□ Individual □ Loan	Date (Mo., Day, Year)	Amount of each receipt
Full name	Leroy Walker, Jr.	03/25/10	\$250.00
Mailing Address	P. O. Box 9445		
City, State, Zip Code	Jackson, MS 39286		
Name of Employer (Required)	Self		
Occupation (Required)	Business Owner	Aggregated year-to-date	\$250.00
D. Source: Corporation PAC Other (please specify)	□ Individuai □ Loan	Date (Mo., Day, Year)	Amount of each receipt this period
full name	J. Wilkins	03/25/10	\$250.00
Mailing Address	P. O. Box 650		
City, State, Zip Code	Jackson, MS 39205		
lame of Employer (Required)	Watkins & Eager, PLLC		
Occupation (Required)	Attorney	Aggregated year-to-date	\$250.00

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Name of Candidate or Committee

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1.6	TIENTEED RECEI		
A. Source: Corporation PAC Other (please specify)	□ Individual □ Loan	Date (Mo., Day, Year)	Amount of each receipt
Full name	R. Wilkins	03/25/10	\$500.00
Mailing Address	P. O. Box 2777		
City, State, Zip Code	Jackson, MS 39207		
Name of Employer (Required)	Self		
Occupation (Required)	Attorney	Aggregated year-to-date	\$500.00
B. Source: Corporation PAC Other (please specify)	□ Individual □ Loan	Date (Mo., Day, Year)	Amount of each receipt
Full name	S. Wilkins	03/22/10	\$250.00
Mailing Address	P. O. Box 504		
City, State, Zip Code	Jackson, MS 39205		
Name of Employer (Required)	Self		
Occupation (Required)	Attorney	Aggregated year-to-date	\$250.00
C. Source: Corporation PAC Corporation PAC	□ Individual □ Loan	Date (Mo., Day, Year)	Amount of each receipt this period
Full name	Greater Deliverence Church	03/25/10	\$250.00
Mailing Address			
City, State, Zip Code	Forrest, MS		
Name of Employer (Required)			
Occupation (Required)		Aggregated year-to-date	\$250.00
D. Source: Corporation PAC Other (please specify)	□ Individual □ Loan	Date (Mo., Day, Year)	Amount of each receipt
full name	H. Catchings	03/25/10	\$500.00
Aailing Address	P. O. Box 2509		
City, State, Zip Code	Jackson, MS 39207		
Name of Employer (Required)	Self		
Occupation (Required)	Agent	Aggregated year-to-date	\$500.00

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A. Source: Corporation PAC Other (please specify)	□ Individual □ Loan	Date (Mo., Day, Year)	Amount of each receipt
Full name	Troy & Sonya Stovall	03/24/10	\$500.00
Mailing Address	421 Ashbourn Ct		3500.00
City, State, Zip Code	Madison, MS 39110		
Name of Employer (Required)	Lemaile Stovall, LLC		
Occupation (Required)	Consultant	Aggregated year-to-date	\$500.00
B. Source: ☐ Corporation ☐ PAC ☐ Other (please specify)	□ Individua} □ Loan	Date (Mo., Day, Year)	Amount of each receipt
Full name	W. Ferrell, Jr.	03/22/10	\$250.00
Mailing Address	P. O. Box 2448		
City, State, Zip Code	Jackson, MS 39225		
Name of Employer (Required)	Self		
Occupation (Required)	Attorney	Aggregated year-to-date	\$250,00
C. Source: Corporation PAC Other (please specify)	□ Individual □ Loan	Date (Mo., Day, Year)	Amount of each receipt
Full name	S. Tarawally	03/25/10	\$500,00
Mailing Address	201 W. Capitol Street		
City, State, Zip Code	Jackson, MS 39201		
Name of Employer (Required)	Self		
Occupation (Required)	Attorney	Aggregated year-to-date	\$500.00
D. Source: Corporation PAC Other (please specify)	□ Individual □ Loan	Date (Mo., Day, Year)	Amount of each receipt
Full name	S. Flowers	03/25/10	\$200.00
Mailing Address	P. O. Box 483		
City, State, Zip Code	Jackson, MS 39205		
Name of Employer (Required)	Self		
Occupation (Required)	Attorney	Aggregated year-to-date	\$200.00

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□ Other (please specify)	Individual 🗆 Loan	Date (Mo., Day, Year)	Amount of each receip
Full name	C. Priester	03/25/10	\$200.00
Mailing Address 8	20 North Street		\$200.00
City, State, Zip Code Ji	ackson, MS 39202		
Name of Employer (Required)	35007767		
Occupation (Required)		Aggregated year-to-date	\$200.00
☐ Other (please specify)	Individual 🗆 Loan	Date (Mo., Day, Year)	Amount of each receipt
	. Johnson	03/22/10	\$200,00
Mailing Address 36	01 Cox Xing		
City, State, Zip Code	ladison, MS 39110		
Name of Employer (Required)			
Occupation (Required)		Aggregated year-to-date	\$200.00
☐ Other (please specify)	Individual 🗆 Loan	Date (Mo., Day, Year)	Amount of each receipt
	wens Moss, PLLC	03/25/10	\$500.00
	O. Box 808		
	ckson, MS 39205		
dame of Employer (Required)			
Occupation (Required)		Aggregated year-to-date	\$500.00
☐ Other (please specify)	individual 🗆 Loan	Date (Mo., Day, Year)	Amount of each receipt
	Teeuwissen	03/25/10	\$500.00
lailing Address P.	O. Box 16787		4000.00
ity State Zin Code	kson, MS 39236		
ame of Employer (Required) Sel	lf		
Atl	tomey	Aggregated year-to-date	\$500.00

Friends of Judge Malcolm Harrison

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☐ Other (please specify)	vidual □ Loan	Date (Mo., Day, Year)	Amount of each receipt
Full name L. Ha	rrell	03/25/10	\$250.00
Mailing Address P. O.	Box 2977		\$250.00
City State Zin Code	on, MS 39207		
Name of Employer (Required)	3,20,		
Occupation (Required)		Aggregated year-to-date	\$250.00
B. Source: Corporation PAC Indiv	idual 🗆 Loan	Date (Mo., Day, Year)	Amount of each receipt
	ns, Dallas & Morrison, P	LLC 03/22/10	\$250.00
Mailing Address 240 Tr	ac Colony Park Drive		\$650.00
City State Zin Code	and, MS 39157		
Name of Employer (Required)			
Occupation (Required)		Aggregated year-to-date	\$250.00
C. Source: Corporation PAC Indivi	dual 🗆 Loan	Date (Mo., Day, Year)	Amount of each receipt
Full name M. Uln	ner	03/29/10	\$500.00
Mailing Address 431 No	orthpoint Pkwy		\$300.00
City, State, Zip Code Jackson	MS 39211		
Name of Employer (Required) Watkin	s & Eager, PLLC		
Occupation (Required) Attorne		Aggregated year-to-date	\$500.00
☐ Other (please specify)	dual 🗆 Loan	Date (Mo., Day, Year)	Amount of each receipt
	of Harvey Johnson	04/02/10	\$200.00
P. O. B	ox 9964		Φ200.00
City, State, Zip Code Jackson	MS 39286		
lame of Employer (Required)			
Occupation (Required)		Aggregated year-to-date	\$200.00

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Name of Candidate or Committee

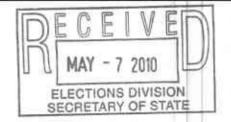
Friends of Judge Malcolm Harrison

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A. Source: ☐ Corporation ☐ PAC ☐ Other (please specify)	□ Individual □ Loan	Date (Mo., Day, Year)	Amount of each receipt this period
Full name	W. Cooley	04/19/10	\$500.00
Mailing Address	1116 Hallmark Drive		400.00
City, State, Zip Code	Jackson, MS 39206		
Name of Employer (Required)	Self		
Occupation (Required)	Consultant	Aggregated year-to-date	\$500.00
B. Source: ☐ Corporation ☐ PAC ☐ Other (please specify)	□ Individual □ Loan	Date (Mo., Day, Year)	Amount of each receipt
Full name	J. Minor	04/14/10	\$500.00
Mailing Address	2 Beacon Hill Road		
City, State, Zip Code	Madison, MS 39110		
Name of Employer (Required)			
Occupation (Required)		Aggregated year-to-date	\$500.00
C. Source: Corporation PAC Other (please specify)	□ Individual □ Loan	Date (Mo., Day, Year)	Amount of each receipt
Full name	Gwendolyn Handy	04/30/10	\$1,000.00
Mailing Address	3480 Casa Granda Circle		
City, State, Zip Code	Jackson, MS 39209		
Name of Employer (Required)	Jackson Public School		
Occupation (Required)	Teacher	Aggregated year-to-date	\$1,000.00
D. Source: ☐ Corporation ☐ PAC ☐ Other (please specify)	□ Individual □ Loan	Date (Mo., Day, Year)	Amount of each receipt
full name	C. Stewart	04/20/10	\$250.00
Aailing Address	2088 Main Street	DESCRIPTION OF THE SECOND OF T	72.00
City, State, Zip Code	Madison, MS 39110		
James of European (Dennik v.)	Self		
Decunation (Required)	Attorney	Aggregated year-to-date	\$250.00



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Friends Of Judge Malcolm Harrison

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ITEMIZED DISBURSEMENTS

A. Full Name		Date	Amount of each disbursemen
	Hal and Mals Restaurant and Brewery	(Mo., Day, Year)	this period
Mailing Address	200 S. Commerce Streeet	03/25/10	\$536.25
City, State, Zip Code	Jackson, MS 39201		
Purpose of Disbursement (Opti	ional}	Aggregate year-to-date	\$536.25
B. Full Name	Beatrice Crawford	Date (Mo., Day, Year)	Amount of each disbursement
Mailing Address		04/28/10	\$830.60
City, State, Zip Code	Flowood, MS 39232	04/20/10	\$630.00
Purpose of Disbursement (Opti		Aggregate year-to-date	\$830.60
C. Full Name		Date (Mo., Day, Year)	Amount of each disbursement
Mailing Address			
City, State, Zip Code			
Purpose of Disbursement (Option	onal)	Aggregate year-to-date	
D. Fuli Name	2 4	Date (Mo., Day, Year)	Amount of each disbursement
Mailing Address			
City, State, Zip Code			
Purpose of Disbursement (Optio	onal)	Aggregate year-to-date	
E. Full Name		Date (Mo., Day, Year)	Amount of each disbursement
Mailing Address			
City, State, Zip Code			
Purpose of Disbursement (Optio	nal)	Aggregate year-to-date	
F. Full Name		Date (Mo., Day, Year)	Amount of each disbursement this period
Mailing Address			
City, State, Zip Code			
Purpose of Disbursement (Option	nat)	Aggregate year-to-date	